

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

40

PLAINTIFF DARRYL ORRIN BAKER		COURT CASE NUMBER CA-05-0147	
DEFENDANT FEDERAL BUREAU OF PRISONS		TYPE OF PROCESS CIVIL	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN FEDERAL BUREAU OF PRISONS		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 320 FIRST STREET, N.W. WASHINGTON, D.C. 20534		
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW DARRYL ORRIN BAKER REG. NO.# 19613-039 FEDERAL PRISON CAMP P.O. BOX 2000 LEWISBURG, PA 17837		
		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 7	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

SCANNED

Signature of Attorney other Originator requesting service on behalf of: Darryl Baker ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER DATE 9/13/2005

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 10/4/05 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: SIC Mailed 9-28-04 9842 8019 2364

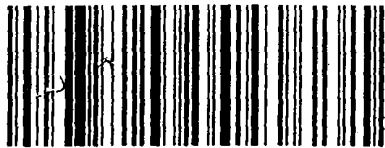
## PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

2. Article Number



7160 3901 9842 8019 7364

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)

☒ Yes

1. Article Addressed to:

**FEDERAL BUREAU OF PRISONS  
320 FIRST STREET, N.W.  
WASHINGTON, D.C. 20534**

**3-147,S/C,9/28/05,SRB****COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

*Sharon Hottel**12-4-05*

C. Signature

*Sharon Hottel*☐ Agent☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

P 3:32

RECEIVED